

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name National Association of Alternative Benefit Consultants, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 36-4346084

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

435 Pennsylvania Av.
Glen Ellyn, IL 60137

Number, Street, City, State & ZIP Code

DuPage

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **National Association of Alternative Benefit Consultants, Inc.** Case number (if known)

Name

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5511

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
- ☐ Chapter 9

☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **National Association of Alternative Benefit Consultants, Inc.** Case number (if known)

Name

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☒ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **National Association of Alternative Benefit Consultants, Inc.** Case number (if known)

Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **August 22, 2016**
MM / DD / YYYY

X /s/ Harvey Randecker

Signature of authorized representative of debtor

Harvey Randecker

Printed name

Title **President**

18. Signature of attorney

X /s/ Kent A. Gaertner

Signature of attorney for debtor

Date **August 22, 2016**

MM / DD / YYYY

Kent A. Gaertner

Printed name

Kent A. Gaertner P.C.

Firm name

300 S. County Farm Rd.

Suite I

Wheaton, IL 60187

Number, Street, City, State & ZIP Code

Contact phone **(630) 510-0000**

Email address **kgaertner@springerbrown.com**

3121489

Bar number and State

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____ Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

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If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

Request for Relief, Declaration, and Signatures

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17. Declaration and signature of authorized representative of debtor

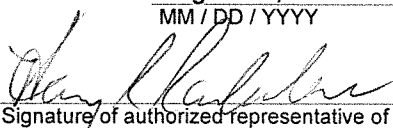
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 18, 2016
MM / DD / YYYY

X 
Signature of authorized representative of debtor

Harvey Randecker
Printed name

Title President

18. Signature of attorney

X 
Signature of attorney for debtor

Date August 18, 2016
MM / DD / YYYY

Kent A. Gaertner
Printed name

Kent A. Gaertner P.C.
Firm name

300 S. County Farm Rd.
Suite I
Wheaton, IL 60187
Number, Street, City, State & ZIP Code

Contact phone (630) 510-0000 Email address kgaertner@springerbrown.com

3121489
Bar number and State

Fill in this information to identify the case:

Debtor name National Association of Alternative Benefit Consultants, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

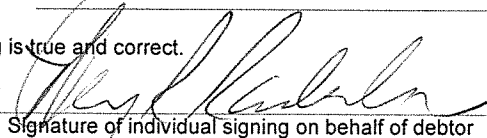
I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 18, 2016

x


Signature of individual signing on behalf of debtor

Harvey Randecker
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name National Association of Alternative Benefit Consultants, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 18, 2016

Signature of individual signing on behalf of the debtor

Harvey Randecker

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

**United States Bankruptcy Court
Northern District of Illinois**

In re National Association of Alternative Benefit Consultants, Inc.
Debtor(s)

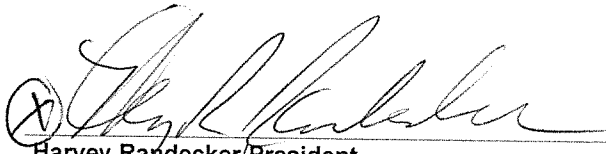
Case No. _____
Chapter 7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 9

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: August 18, 2016


Harvey Randecker/President
Signer/Title

United States Bankruptcy Court
Northern District of Illinois

In re National Association of Alternative Benefit Consultants, Inc.
Debtor(s)

Case No. _____
Chapter 7

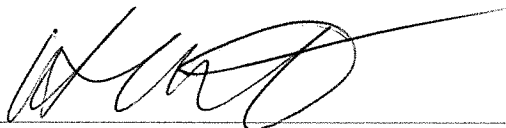
CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for National Association of Alternative Benefit Consultants, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

August 18, 2016

Date



Kent A. Gaertner 3121489

Signature of Attorney or Litigant

Counsel for National Association of Alternative Benefit Consultants, Inc.

Kent A. Gaertner P.C.

300 S. County Farm Rd.

Suite I

Wheaton, IL 60187

(630) 510-0000 Fax: (630) 510-0004

kgaertner@springerbrown.com

Fill in this information to identify the case:

Debtor name National Association of Alternative Benefit Consultants, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 22, 2016

X /s/ Harvey Randecker

Signature of individual signing on behalf of debtor

Harvey Randecker

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **National Association of Alternative Benefit Consultants, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**
 Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**
 Copy line 91A from *Schedule A/B*..... \$ **85.00**

1c. **Total of all property:**
 Copy line 92 from *Schedule A/B*..... \$ **85.00**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)
 Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**
 Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **5,005.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**
 Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **57,603.00**

4. **Total liabilities**
 Lines 2 + 3a + 3b \$ **62,608.00**

Fill in this information to identify the case:Debtor name **National Association of Alternative Benefit Consultants, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Chase Bank- Glen Ellyn, IL.****Checking****1972****\$85.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$85.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Debtor **National Association of Alternative Benefit Consultants, Inc.**

Case number (If known)

Name

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations Customer list of students and insurance agents who have received Debtor's educational courses and recieved certification.	Unknown	N/A	Unknown

64. Other intangibles, or intellectual property

65. Goodwill

Debtor **National Association of Alternative Benefit Consultants, Inc.**

Case number (If known)

Name

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **National Association of Alternative Benefit Consultants, Inc.**

Case number (If known)

Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$85.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$85.00	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$85.00

Fill in this information to identify the case:

Debtor name **National Association of Alternative Benefit Consultants, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **National Association of Alternative Benefit Consultants, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>Illinois Department of Revenue Bankruptcy Section Level 7-425 100 W. Randolph St. Chicago, IL 60602</p> <p>Date or dates debt was incurred 2014</p> <p>Last 4 digits of account number 2080</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Business income tax</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$5,005.00</p> <p>\$5,005.00</p>

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<p>Nonpriority creditor's name and mailing address</p> <p>Bank of America P.O. Box 982238 El Paso, TX 79998-2238</p> <p>Date(s) debt was incurred 3/1999</p> <p>Last 4 digits of account number 0916</p>	<p>\$32,609.00</p>
3.2	<p>Nonpriority creditor's name and mailing address</p> <p>Capital One Bank P.O. Box 85616 Richmond, VA 23285-5617</p> <p>Date(s) debt was incurred 6/2002</p> <p>Last 4 digits of account number 7726</p>	<p>\$4,964.00</p>

Debtor **National Association of Alternative Benefit Consultants, Inc.**

Case number (if known)

3.3 Nonpriority creditor's name and mailing address

Chase Bank
P.O. Box 15123
Wilmington, DE 19850-5123

Date(s) debt was incurred 3/1999

Last 4 digits of account number 5370

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Credit card purchases

Is the claim subject to offset? ☒ No ☐ Yes

\$20,030.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Illinois Department of Revenue 101 W. Jerrerson St. P.O. Box 19015 Springfield, IL 62794-9015	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	<u>2080</u>

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>5,005.00</u>
5b. +	\$ <u>57,603.00</u>
5c.	\$ <u>62,608.00</u>

Fill in this information to identify the case:

Debtor name National Association of Alternative Benefit Consultants, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name **National Association of Alternative Benefit Consultants, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Harvey Randecker** **791 Hillside Glen Ellyn, IL 60137**

Chase Bank

☐ D _____
☒ E/F **3.3**
☐ G _____

2.2 **Harvey Randecker** **791 Hillside Glen Ellyn, IL 60137**

Capital One Bank

☐ D _____
☒ E/F **3.2**
☐ G _____

2.3 **Harvey Randecker** **791 Hillside Glen Ellyn, IL 60137**

Illinois Department of Revenue

☐ D _____
☒ E/F **2.1**
☐ G _____

2.4 **Harvey Randecker** **791 Hillside Glen Ellyn, IL 60137**

Bank of America

☐ D _____
☒ E/F **3.1**
☐ G _____

Fill in this information to identify the case:

Debtor name National Association of Alternative Benefit Consultants, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2016 to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

\$23,318.00

For prior year:
From 1/01/2015 to 12/31/2015

☒ Operating a business

☐ Other _____

\$43,289.00

For year before that:
From 1/01/2014 to 12/31/2014

☒ Operating a business

☐ Other _____

\$51,565.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **National Association of Alternative Benefit Consultants, Inc.**

Case number (if known)

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Debtor **National Association of Alternative Benefit Consultants, Inc.** Case number (if known)

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Kent A. Gaertner P.C. 300 S. County Farm Rd. Suite #I/J Wheaton, IL 60187		July 2016	\$1,835.00
Email or website address kgaertner@springerbrown.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

Debtor **National Association of Alternative Benefit Consultants, Inc.**

Case number (if known)

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☐ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☐ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☐ None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

Debtor **National Association of Alternative Benefit Consultants, Inc.** Case number (if known)**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
-----------------------	-------------------------------------	--

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
------------------	----------------------------

Debtor **National Association of Alternative Benefit Consultants, Inc.****Name and address****Date of service
From-To**26a.1. **Linda Kanter E.A.
1603 77th St.
Naperville, IL 60565****2013 to date**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are
unavailable, explain why**26c.1. **Harvey Randecker
791 Hillside
Glen Ellyn, IL 60137**26c.2. **Linda Kanter EA
See above**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the
inventory****Date of inventory****The dollar amount and basis (cost, market,
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Harvey Randecker	791 Hillside Glen Ellyn, IL 60137	President/Director/Shareholder	100%
David McKnight	17 Clearview Farm Rd. Southampton,, NY	VP/Secretary	0%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.

Debtor **National Association of Alternative Benefit Consultants, Inc.**

Case number (if known)

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
- ☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Harvey Randecker 791 Hillside Glen Ellyn, IL 60137	Total of \$2.270 over last 12 months.	Varied	Salary
	Relationship to debtor President/Sole Shareholder			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **August 22, 2016**

/s/ Harvey Randecker
Signature of individual signing on behalf of the debtor

Harvey Randecker
Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
- ☐ Yes

United States Bankruptcy Court
Northern District of Illinois

In re **National Association of Alternative Benefit Consultants, Inc.**
Debtor(s)

Case No. _____
Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- | | | |
|---|----|------------------------|
| For legal services, I have agreed to accept | \$ | <u>1,500.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>1,500.00</u> |
| Balance Due | \$ | <u>0.00</u> |
2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 22, 2016

Date

/s/ Kent A. Gaertner

Kent A. Gaertner 3121489

Signature of Attorney

Kent A. Gaertner P.C.

300 S. County Farm Rd.

Suite I

Wheaton, IL 60187

(630) 510-0000 Fax: (630) 510-0004

kgaertner@springerbrown.com

Name of law firm

United States Bankruptcy Court
Northern District of Illinois

In re National Association of Alternative Benefit Consultants, Inc.

Debtor(s)

Case No.

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>1,500.00</u>
Prior to the filing of this statement I have received	\$	<u>1,500.00</u>
Balance Due	\$	<u>0.00</u>

2. \$ 335.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 18, 2016

Date


Kent A. Gaertner 3121489

Signature of Attorney

Kent A. Gaertner P.C.

300 S. County Farm Rd.

Suite I

Wheaton, IL 60187

(630) 510-0000 Fax: (630) 510-0004

kgaertner@springerbrown.com

Name of law firm



MONADNOCK BUILDING
53 W. JACKSON BLVD.
SUITE 1320
CHICAGO, IL 60604
T 312.663.5423
F 312.663.0201

WHEATON OFFICE CENTER
300 S. COUNTY FARM ROAD
SUITE J
WHEATON, IL 60187

T 630.510.0000
F 630.510.0004

REPLY TO:

August 15, 2016

National Association of Alternative Benefit Consultants, Inc.
c/o Harv Randecker
791 Hillside
Glen Ellyn, IL. 60137

**Re: National Association of Alternative Benefit Consultants, Inc
Legal Services Agreement and Engagement Letter**

Dear Mr. Randecker:

Pursuant to our recent meeting, please accept this letter as it sets forth the basic terms and conditions upon which **Kent A. Gaertner P.C. and Springer, Brown, LLC** ("ATTORNEYS") will perform legal services for the **NATIONAL ASSOCIATION OF ALTERNATIVE BENEFIT CONSULTANTS, INC. ("NAACB")** (the "Client") in the above referenced matter (the "Engagement").

This letter shall (1) confirm that the Client has not retained ATTORNEYS but has expressed its desire to do so, (2) confirm the scope of the Engagement when retained, and (3) describe the basis upon which ATTORNEYS will bill for its services, once actually retained. If the Client has established billing protocols for its professionals, please forward them and ATTORNEYS will make every effort to conform to them.

Scope of Representation

The Client, through its President and shareholder, Harvey Randecker, of NAACB, Inc., has asked ATTORNEYS to assist in representing the company interests in:

1. The assessment of assets and liabilities regarding the entity known as NAABC, Inc.
2. Assisting the company with consolidating information on assets and liabilities to facilitate the Chapter 7 filing,
3. Analyzing past financial history of the company as it may effect the Chapter 7 including transfers and preferences.
4. The preparation and filing of a Chapter 7 bankruptcy petition on behalf of the company.

5. Representation of company interests in dealings with the appointed Chapter 7 Trustee and with Company creditors.
6. Representation of company interests in dealings with prospective asset purchasers in Chapter 7.

The representation does not include representation of the Client in connection with any litigation arising out of the Chapter 7 filing, including, but not limited to, depositions under Rule 2004. At this time, no such litigation is expected. However, if such litigation is instituted, a new fee arrangement will be entered into between the Client, its shareholder/s and ATTORNEYS to cover such representation.

Determination of Fees and Expenses

Legal work varies greatly. Although we are often engaged by our clients to perform specific and limited tasks, our primary role as legal advisors is to offer our knowledge, experience and independent judgment. Recognizing this, our focus in charging for services is to arrive at a fee, which is fair and appropriate considering all of the circumstances.

Legal services provided by attorneys are fee for service arrangements generally involving the payment of a retainer fee to the attorney. In this matter, the Client, through its principals, authorized agents or assigns, has agreed to retain ATTORNEYS with an advance payment retainer of **\$1,835.00 (the “retainer”)** for services rendered as delineated above. ATTORNEYS proposes to charge the Client a flat fee for time and services, as delineated in the scope of representation above, expended on the matter (**\$1,500.00 attorney fee and \$335.00 filing fee to the Clerk of the Bankruptcy Court**). Should the representation be terminated prior to the filing of a Chapter 7 bankruptcy for any reason, ATTORNEYS shall be entitled to be paid for the time expended on the file at a rate of \$350.00 per hour plus reimbursement of its costs expended. If any portion of the retainer is unearned or not required for expenses, it will be refunded to the client. Each Attorney in the law firm concentrates his or her practice in the area of bankruptcy and bankruptcy litigation and is duly licensed and authorized to practice law in the State of Illinois and United States District Court for the Northern District of Illinois. Non-attorney support staff time although expended, will NOT be billed out without prior approval by the Client, and will be billed at the rate of bill \$125 per hour. All legal services will be performed under the supervision of the owning member attorneys of the law firm.

The retainer stated above shall be considered an “advance payment” retainer pursuant to Dowling v. Chicago Options Associates, Inc. 875 N.E.2d, 1012, Ill., 2007 and pursuant to Rule 1.15 of the Illinois Rules of Professional Conduct. This means that the retainer is considered earned when paid in anticipation of future work. The retainer will not be held in a client trust account but instead will be deposited into the general operating account of our law firm. You have the right to require the funds be held as a “security retainer” which means they remain the

Client's property until actually earned by completion of the representation as defined above. The choice of how the retainer is treated (i.e. either security or advanced payment) is the client's alone. However, ATTORNEYS will not agree to represent the Client unless the retainer is an advanced payment retainer. The special purpose for the advanced payment retainer is to protect the funds from the claims of creditors. Client funds that are held in a security retainer are still the property of the Client until earned by the lawyer. Therefore, funds held in a security retainer could be garnished by a creditor or turned over to a Bankruptcy Trustee. This would cause ATTORNEYS to have no recourse for payment of its fee by the Client/ Debtor. Given the financial condition of the Client and the possibility that ATTORNEYS could lose the retainer to a creditor or a bankruptcy trustee, if it were determined to be property of the bankruptcy estate, the advance payment retainer offers protection to the Client and ATTORNEYS that the fees for the representation will be available.

ATTORNEYS operates as an integrated unit. A client who calls upon a particular lawyer in fact retains the entire firm and has at its disposal all of the expertise and resources that the firm has to offer. Therefore, the lawyer who serves as one's principal contact at the firm may assign the work to another lawyer who has experience in the particular area involved or who is in a better position to perform the legal work most efficiently. In assigning work within the firm, ATTORNEYS strives to achieve the most efficient mix of seniority and expertise, with the goal of providing effective representation to our clients economically.

ATTORNEYS cannot quote a specific flat or final fee for services in this matter because we cannot control or predict the nature or extent of the services that may have to be provided. However, please be assured that we are sensitive to your needs, and that we will do our best at all times to minimize fees and expenses to the extent possible consistent with the furnishings of effective legal services.

In addition to our fees for services, we also bill our clients for out-of-pocket expenses incurred on their behalf. Reimbursable out-of-pocket expenses include the following: filing fees, computerized legal research fees, electronic access and filing fees, photocopying expenses, long distance telephone toll charges, telecopy charges, necessary travel expenses, and so forth. Please be advised of our firm policy that clients are required to advance or pay directly any disbursements in excess of \$300.

Termination

The Client may terminate our engagement as counsel at any time for any reason. ATTORNEYS may withdraw as the Client's legal counsel or from our representation of the Client in any particular matter for good cause, which includes the Client's failure to perform their obligations described in this letter, failure to timely make payment for services rendered and expenses advanced, refusal to cooperate with us or to follow our advice on a material matter, or any other fact or circumstances that would render our continuing representation

unlawful or unethical. If and when our services to the Client conclude, all unpaid fees and costs will be immediately due and payable.

Duties

Effective legal representation requires a high level of cooperation between attorney and client. **Therefore, by executing this letter, the Client agrees to cooperate with us, keep us fully and truthfully informed of all developments, and to abide by this letter.** In turn, we are agreeing to provide those legal services reasonably required to represent the Client with respect to the matters described above and to take reasonable steps to keep the Client informed of our progress and to respond to the Client's inquiries. Of course, we cannot make any promises or guarantees about the outcome of the matters as to which the Client has engaged us, and nothing in this letter or in our statements should be so construed. When we provide our opinion as to the probable outcome of any matter, it is with the understanding that our opinion is just that, and not a promise or guarantee.

We encourage our clients to participate actively in the matters we are handling for them, as they are much closer to the details and effects of their affairs than we are and we wish to be certain that our efforts converge with our clients' goal. If at any time you should have a concern, or if we may be of service in another substantive area, we would ask that you raise it with us at once so that we can address your need without delay.

Electronic Communications

Our clients and our law firm increasingly rely upon electronic communication such as e-mail, text-messaging, cellular telephones and electronic faxes (collectively, "**Electronic Communications**"). By engaging us, absent the Client's specific instructions to the contrary, you authorize us to use Electronic Communications. Because of their nature, Electronic Communications are not as secure as more traditional lines of communications, such as hard-wired telephones and telephonic faxes, U.S. Mail or couriers. The Client understands that some risk exists that any and all Electronic Communications could be intercepted by an unauthorized third party, and the Client hereby accepts the risk. With respect to the use of Electronic Communications for matters of particular sensitivity or for information that could be compromising or damaging to the Client, the Client acknowledges that each contact person with whom we are or will be directly working, including ATTORNEYS, has the authority to consent specifically to the use of Electronic Communications for such matters. We shall also consider communications from the Client by Electronic Communications as specific consent to respond by Electronic Communications. *If the Client does not wish to use Electronic Communications for any particular matter or matters, you will so advise us in writing, or will so advise us orally and confirm the instruction promptly in writing.*

Other Clients/Conflicts of Interest

As a specialty boutique law firm, it is common for ATTORNEYS to be engaged to represent more than one party in a significant bankruptcy or work-out / debt reorganization case. We do not believe that a conflict of interest is raised if we represent more than one party in a Bankruptcy case, as long as all of our clients are adverse to the debtor. We currently have reviewed the case and as of the date of this legal engagement letter, ATTORNEYS does not represent any parties adverse to the Client. However, as is usually the case in any bankruptcy proceeding, the existence of other, non-listed or otherwise unknown parties may give rise to multiple representation by ATTORNEYS. In fact, we often find that our clients generally benefit from the economics of scale that arise when fees and costs can be spread among a number of different parties. Therefore, the Client should be aware that we may in the future be contacted to represent other creditors or non-Debtor parties in interest of the above referenced and related Bankruptcy proceeding. Of course, we will do our standard check to assure that no new client raises an adverse and/or conflict issue and we will notify you promptly if we become aware of a potential or a pre-existing conflict. However, if we do not perceive a conflict of interest, we may accept other clients without seeking the Client's approval. In the unlikely event that the Client decides to take a position adverse to that of another one of our clients in this case (a possibility we do not foresee at this time) then we will not be able to represent the Client in that dispute.

Personal Guarantee of Shareholder/s

Although we have made every effort to request a retainer reasonably calculated to cover the anticipated fees and costs for this case, it is possible that the fees and costs may exceed the retainer paid by the client. Since the Company will no longer be operational after the filing and its assets will be controlled by the Chapter 7 Trustee we cannot look to the Company assets for payment of those fees. Therefore we require that the Company shareholder/s personally guarantee payment of our fees and costs to the extent they exceed the retainer paid. **By signing the authorization at the end of this letter you are agreeing to such personal guarantee.**

If the foregoing terms upon which we propose to be engaged and the nature of the engagement are acceptable, please sign or please have a duly authorized representative of the Client sign and return to me the enclosed copy of this letter. Thank you.

Sincerely,

KENT A. GAERTNER P.C.

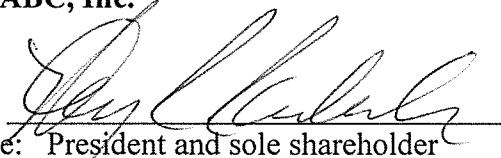
By:



Kent A. Gaertner
Attorney

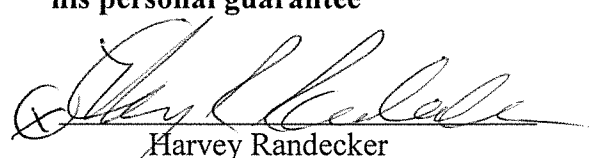
Accepted and agreed to by:

NAABC, Inc.

By: 
Title: President and sole shareholder

Date: _____

**Harvey Randecker, individually as to
his personal guarantee**

By: 
Harvey Randecker

Date: _____

**United States Bankruptcy Court
Northern District of Illinois**

In re **National Association of Alternative Benefit Consultants, Inc.** Case No. _____
Debtor(s) Chapter **7**

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **7**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **August 22, 2016** **/s/ Harvey Randecker**
Harvey Randecker/President
Signer/Title

Bank of America
P.O. Box 982238
El Paso, TX 79998-2238

Capital One Bank
P.O. Box 85616
Richmond, VA 23285-5617

Chase Bank
P.O. Box 15123
Wilmington, DE 19850-5123

Harvey Randecker
791 Hillside
Glen Ellyn, IL 60137

Harvey Randecker
791 Hillside
Glen Ellyn, IL 60137

Illinois Department of Revenue
Bankruptcy Section Level 7-425
100 W. Randolph St.
Chicago, IL 60602

Illinois Department of Revenue
101 W. Jerrerson St.
P.O. Box 19015
Springfield, IL 62794-9015

**United States Bankruptcy Court
Northern District of Illinois**

In re **National Association of Alternative Benefit Consultants, Inc.**
Debtor(s)

Case No. _____
Chapter **7**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **National Association of Alternative Benefit Consultants, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

August 22, 2016

Date

/s/ Kent A. Gaertner

Kent A. Gaertner 3121489

Signature of Attorney or Litigant

Counsel for **National Association of Alternative Benefit Consultants, Inc.**

Kent A. Gaertner P.C.

300 S. County Farm Rd.

Suite I

Wheaton, IL 60187

(630) 510-0000 Fax:(630) 510-0004

kgaertner@springerbrown.com